2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P03000106667** 1. Entity Name WILLIAMSON'S PAINTING INC. Principal Place of Business Mailing Address 1600 SMITTYS WAY 1600 SMITTYS WAY TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 CR2E034 (11/05) 04052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1681895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMSON, DAVID DO NOT WRITE 4856 W. PENSACOLA ST. LOT 12 TALLAHASSEE, FL 32304 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when retretating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMSON, DAVID NAME STREET ADDRESS 4856 W. PENSACOLA ST. LOT 12 TALLAHASSEE, FL 32304 CITY-ST-ZIP U00000496**581** 04/22/06-8002**4-**003 **150.0**8 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STITLET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered. ss, with all other like

FILED